

EASTERN DISTRICT OF NORTH CAROLINA UNITED STATES DISTRICT COURT		File No. 5:15-CV-451-BO	
<i>Judgment Creditor (Plaintiff)</i> J. DUANE GILLIAM, Guardian of the Estate of Leon Brown, RAYMOND C. TARLTON, Guardian Ad Litem for Henry C. McCollum, KIMBERLY PINCHBECK, as Limited Guardian and Conservator of the Estate of Henry Lee McCollum		NOTICE TO CLAIM EXEMPT PROPERTY (STATUTORY EXEMPTIONS)	
VERSUS			
<i>Judgment Debtor (Defendant)</i> ROBESON COUNTY, TOWN OF RED SPRINGS, KENNETH SEALEY, both Individually and in his Official Capacity as Sheriff of Robeson County, LARRY FLOYD, LEROY ALLEN, PAUL CANADY, Administrator C.T.A. of the Estate of Luther Haggins, ROBERT PRICE, Administrator C.T.A. of the Estate of Joel Locklear, Sr. CHARLOTTE NOEL FOX, Administrator of Estate of Kenneth Snead			
NOTE TO DEBTOR (DEFENDANT): <i>The Clerk of Court cannot fill out this form for you. If you need assistance, you should talk with an attorney.</i>			
I, the undersigned, move to set aside the property claimed below as exempt.			
1. I am a citizen and resident of <u>Gaston County, NC</u> and was born on <u>02/01/1955</u> .			
2. <input checked="" type="checkbox"/> I am married to <u>Donna Marie Allen</u> <input type="checkbox"/> I am not married.			
3. My current address is <u>5616 Weavers Row, Gastonia, NC 28056</u>			
4. The following persons live in my household and are dependent on me for support:			
<i>Name(s) of Person(s) Dependent on Me</i>	<i>Age</i>	<i>Relationship</i>	
Donna Marie Allen	Adult	Spouse	
5. I wish to claim as exempt (<i>keep from being taken</i>) my interest in the following real or personal property that I use as a residence. I also wish to claim my interest in the following burial plots for myself or my dependents. I understand that my total interest claimed in the residence and burial plots may not exceed \$35,000.00 (\$60,000 if I am 65 years of age or older and I previously owned my property as a tenant by the entireties or as a join tenant with rights of survivorship and my former co-owner is deceased).			
<i>Street Address of Residence</i> 5616 Weavers Row, Gastonia, NC 28056			
<i>County Where Property Located</i> Gaston	<i>Township</i> South Point	<i>No. by Which Tax Assessor Identifies Property</i> Parcel #206004	

Legal Description (Attach a copy of your deed or other instrument of conveyance or describe property in as much detail as possible. Attach additional sheets if necessary.) Cramer Woods L53 15 065 001 00 000 Copy of Deed Attached				
Name(s) of Owner(s) of Record of Residence Vernon Leroy Allen and wife, Donna Marie Allen as tenancy by entireties			Estimated Value of Residence (What You Think You Could Sell It For) \$514,460.00	
Amount of Lien(s) and Name(s) and Address(es) of Lienholder(s) (How much money is owed on the property and to whom.)			Current Amount Owed	
None			\$ -0-	
			\$	
Location of Burial Plots Claimed None			Value of Burial Plots Claimed \$	
6. I wish to claim the following personal property consisting of household furnishings, households goods, wearing apparel, appliances, books, animals, crops or musical instruments as exempt from the claim of my creditors (in other words, keep them from being taken from me). These items of personal property are held primarily for my personal, family or household use. I understand that I am entitled to personal property worth the sum of \$5,000.00. I understand that I am also entitled to an additional \$1,000.00 for each person dependent on me for support, but not to exceed \$4,000.00 for dependents. I further understand that I am entitled to this amount after deducting from the value of the property the amount of any valid lien or security interest. Property purchased within 90 days of this proceeding may not be exempt. (Some examples of household goods would be TV, appliances, furniture, clothing, radios, record players.)				
Item of Property	Fair Market Value (What You Could Sell It For)	Amount of Lien Or Security Interest (Amount Owed on Property)	Name(s) of Lienholders(s) (To Whom Money is Owed)	Value of Debtor's (Defendant's) Interest (Fair Market Value Less Amount Owed)
See attached page	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
7. I wish to claim my interest in the following motor vehicle as exempt from the claim of my creditors. I understand that I am entitled to my interest in one motor vehicle worth the sum of \$3,500.00 after deduction of the amount of any valid liens or security interests. I understand that a motor vehicle purchased within 90 days of this proceeding may not be exempt.				
Make and Model Honda CRV		Year 2011	Name(s) of Title Owner of Record Vernon L. & Donna M. Allen	
Fair Market Value (What You Could Sell It For) \$ 5,325.00			Name(s) of Lienholder(s) or Record (Person(s) to Whom Money is Owed) None	
Amount of Liens (Amount Owed) \$ -0-			Value of Debtor's (Defendant's) Interest (Fair Market Value Less Amt. Owed) \$ 2,662.50	



Doc ID: 011473090003 Type: CRP
 Recorded: 12/07/2006 at 04:19:35 PM
 Fee Amt: \$693.00 Page 1 of 3
 Excise Tax: \$673.00
 Instr# 200600027563
 Gaston, NC
 Susan S. Lockridge Register of Deed

BK 4278 PG 81-83

RECORDING FEE 20-
 EXCISE TAX PAID 673-

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: _____

Parcel Identifier No. _____ Verified by _____ County on file _____ day of _____, 20____
 By: _____

Mail/Box to: Grantee, 5616 Weavers Row, Gastonia, NC 28056

This instrument was prepared by: Robert T. Sumner, Attorney, 316 S. York St., Gastonia, NC 28052

Brief description for the Index: Lot 53, Cramer Woods Subdivision, Plat Book 68, Page 3

THIS DEED made this 5th day of December, 2006, by and between

GRANTOR

GRANTEE

George Andrew Gates, Jr., and wife,
 Louann P. Gates

Vernon Leroy Allen, Jr., and wife,
 Donna Marie Allen

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Gastonia, Southpoint Township, Gaston County, North Carolina and more particularly described as follows:

see attached Exhibit "A".

The property hereinabove described was acquired by Grantor by instrument recorded in Book 4118 page 543.

A map showing the above described property is recorded in Plat Book 68 page 3.

EXHIBIT "A"

BEING THE FULL CONTENTS of Lot No. Fifty-Three (53) of the CRAMER WOODS Subdivision as shown and described on that certain map or plat duly recorded in Plat Book 68 at Page 3 in the Gaston County Registry.

Being the identical property conveyed to GEORGE ANDREW GATES, JR. and wife, LOUANN P. GATES, by deed dated April 21, 2005, recorded in Book 4118 at Page 543 in the Gaston County Registry.

UNOFFICIAL

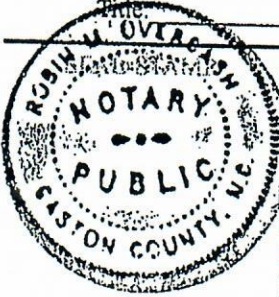
TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple. And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

easements, rights of way and restrictions of record.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

By: _____ (Entity Name) _____ (SEAL)
 By: _____ Title: _____ George Andrew Gates, Jr.
 By: _____ Title: _____ Louann P. Gates (SEAL)
 By: _____ Title: _____ (SEAL)
 By: _____ Title: _____ (SEAL)

USE BLACK INK ONLY



State of North Carolina - County of Gaston
 I, the undersigned Notary Public of the County and State aforesaid, certify that George Andrew Gates, Jr. and Louann P. Gates personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 5th day of December, 2006
 My Commission Expires: 10/17/10 Robin M. Overcash
 Notary Public

SEAL-STAMP

State of North Carolina - County of _____
 I, the undersigned Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____ a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of each entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal this _____ day of _____, 20____.
 My Commission Expires: _____
 Notary Public

SEAL-STAMP

State of North Carolina - County of _____
 I, the undersigned Notary Public of the County and State aforesaid, certify that _____
 Witness my hand and Notarial stamp or seal this _____ day of _____, 20____.
 My Commission Expires: _____
 Notary Public

The foregoing Certificate(s) of _____ is/are certified to be correct.
 This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.
 By: _____ Register of Deeds for _____ County
 Deputy/Assistant - Register of Deeds

6. One-half undivided in household goods, furniture and appliances as follows:

Washer:	\$200.00
Dryer:	\$200.00
Stove:	\$200.00
Refrigerator:	\$400.00
Freezer:	\$100.00
Dinette set:	\$100.00
Miscellaneous kitchenware:	\$50.00
Miscellaneous linens:	\$20.00
Livingroom suite:	\$350.00
Two bedroom suites:	\$900.00
Two TVs:	\$200.00
Stereo:	\$20.00
Computer with printer:	\$300.00
Vacuum cleaner:	\$50.00
Gas grill:	\$50.00
Diningroom table w/6 chairs:	\$500.00
Day bed:	\$20.00
Two dressers:	\$40.00
Work table:	\$40.00
Two drawer file cabinet:	\$10.00
Cell phone:	\$40.00
.45 cal. handgun:	\$450.00
Gun safe:	\$800.00
Patio furniture:	\$50.00
Riding mower:	\$250.00
Miscellaneous yard tools:	\$50.00
Push mower:	\$50.00
Miscellaneous hand tools:	\$100.00
Miscellaneous wall art:	\$150.00
Miscellaneous books:	\$50.00
Various lamps:	\$50.00
Clothes:	\$100.00
Watch	\$50.00

8. (This item is to claim any other property you own that you wish to exempt.) I wish to claim the following property as exempt because I claimed residential real or personal property as exempt that is worth less than \$35,000.00 or I made no claim for a residential exemption under section (5) above. I understand that I am entitled to \$5,000.00 in any property only if I made no claim under section (5) above or a claim that was less than \$35,000.00 under section (5) above. I understand that I am entitled to claim any unused amount that I was permitted to make under section (5) above up to a maximum of \$5,000 in any property. (Examples: if you claim \$34,000.00 under section (5), \$1,000.00 allowed here; if you claim \$30,000.00 under section (5), \$5,000 allowed here; if you claim \$35,000 under section (5), no claim allowed here.) I further understand that the amount of my claim under this section is after the deduction from the value of this property of the amount of any valid lien or security interests and that tangible personal property purchased within 90 days of this proceeding may not be exempt.

Item Of Personal Property Claimed	Fair Market Value	Amount of Liens	Name(s) of Lienholder(s)	Value of Debtor's (Defendant's) Interest
See attached sheet	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

Real Property Claimed (I understand that if I wish to claim more than one parcel, I must attach additional pages setting forth the following information for each parcel claimed as exempt.)

Street Address None	Estimated Value of Property (What You Could Sell It For) \$
County	Township No. by Which Tax Assessor Identifies Property

Description (Attach a copy of your deed or other instrument of conveyance or describe the property in as much detail as possible)

Name and Address of Lienholder	Current Amount Owed \$
Name and Address of Lienholder	Current Amount Owed \$

(Attach additional sheets for more lienholders)

9. I wish to claim the following item of health care aid necessary for ☒ myself ☐ my dependents.

Item	Purpose
None	

10. I wish to claim the following implements, professional books, or tools (not to exceed \$2,000.00), of my trade or the trade of my dependent. I understand that such property purchased within 90 days of this proceeding may not be exempt.

Item	Estimated Value (What You Could Sell It For)	What Business or Trade Used In
None	\$	
	\$	
	\$	

8. Continued

<u>Item of Personal Property Claimed as Exempt</u>	<u>Value of Defendant's Interest</u>
1. ½ undivided interest in 2011 Ford Escape (owned jointly with spouse)	\$1,187.50
2. State Employees' Credit Union Checking	\$388.21
3. State Employees' Credit Union joint (w/spouse) checking	\$184.53
4. State Employees' Credit Union joint (w/spouse) savings	\$423.09
5. 2010 Utility trailer	\$200.00
6. .380 Pistol	\$300.00
7. .38 cal. Pistol	\$250.00
12-gauge Shotgun	\$250.00
8. Marriott Vacation Club Timeshare (AC 4808 45 E)	\$100.00
9. Marriott Vacation Club Timeshare (AB 5545 29 B)	\$100.00
10. Marriott Vacation Club Timeshare (GV 4505 01 X)	\$100.00

11. I wish to claim the following life insurance policies whose sole beneficiaries are my spouse and/or children as exempt		
Name of Insurer	Policy No.	Beneficiary(ies)
None		
12. I wish to claim as exempt the following compensation that I received or which I am entitled for the personal injury of myself or a person upon whom I was dependent for support, including compensation from a private disability policy or annuity, or compensation that I received for the death of a person upon whom I was dependent for support. I understand that this compensation is not exempt from claims for funeral, legal, medical, dental, hospital or health care charges related to the accident or injury that resulted in the payment of the compensation to me. I understand that if I wish to claim more than one amount of compensation exempt, I must attach additional pages setting forth the following information for each amount of compensation claimed exempt.		
Amount of Compensation \$ None	Method of Payment: Lump Sum or Installments (If Installments, State Amount, Frequency and Duration of Payments)	
Location/Source of Compensation	Name of Person(s) injured or killed giving rise to compensation	
Unpaid Debts arising out of the injury or death giving rise to compensation (include names, addresses, services rendered and amount of debt)		
13. I wish to claim as exempt the following retirement plans that I have that are individual retirement plans as described in the Internal Revenue Code or that are treated in the same manner as an individual retirement plan under the Internal Revenue Code, including individual retirement accounts and Roth retirement accounts as described in section 408(a) and section 408A of the Internal Revenue Code, individual retirement annuities as described in section 408(b) of the Internal Revenue Code, and accounts established as part of a trust described in section 408(c) of the Internal Revenue Code.		
Type of Retirement Account	Name of Account	Account Number
401k	ADP Total Source Belmont Savings Plan	Plan #894 550, Acct. ending 2842
14. I wish to claim as exempt the following funds I hold in a college savings plan that is qualified under section 529 of the Internal Revenue Code, not to exceed \$25,000. I understand that this plan must be used for the child's college expenses. I understand I may not exempt any funds I placed in this account within the preceding 12 months, except to the extent that any contributions were made in the ordinary course of my financial affairs and were consistent with my past pattern of contributions.		
College Savings Plan	Account Number	Name(s) of Child(ren) Beneficiaries
None		

15. I wish to claim as exempt the following retirement benefits to which I am entitled to under the retirement plans of other states and governmental units of other states. I understand that these benefits are exempt only to the extent these benefits are exempt under the laws of the state or governmental unit under which the benefit plan was established.

State/Governmental Unit	Name of Retirement Plan	Identifying Number
North Carolina NC457B Deferred Comp. Plan	457B Deferred Comp. Plan	012003, sub Plan 018603
Social Security	Retirement	Social Security No. ending 2842

16. I wish to claim as exempt any alimony, support, separate maintenance, or child support payments or funds that I have received or that I am entitled to receive. I understand that these payments are exempt only to the extent that they are reasonably necessary for my support or for the support of a person dependent on me for support.

Type of Support	Person Paying Support	Amount & Location of Funds
None		

17. The following is a complete listing of all of my assets that I have not claimed as exempt under any of the preceding paragraphs.

Item	Location	Estimated Value
		\$
None		\$
		\$
		\$

18. The following is a complete list of persons or business that have judgments for money against me.

19. I certify that the above statements are true.

Date

✓ May 23, 2023

Signature of Judgment Debtor (Defendant)

Vernon Jay Allen

20. A copy of this Motion was served on the judgment creditor (plaintiff) by:

☐ delivering a copy to the judgment creditor (plaintiff) personally.

☐ delivering a copy to the judgment creditor's attorney.

☐ depositing a copy of this motion in a post-paid properly addressed wrapper in a U.S. Mail, addressed to the judgment creditor (plaintiff) at the address shown on the notice of rights served on me.

☒ depositing a copy of this Motion in a post-paid properly addressed wrapper in a U.S. Mail, addressed to the judgment creditor's (plaintiff's) attorney at the following address: E. Desmond Hogan, HOGAN LOVELLS US LLP, 555 Thirteenth Street NW, Washington, DC 20004

Date

✓ May 23, 2023

Signature of Judgment Debtor/Attorney for Debtor (Defendant)

Vernon Jay Allen

Address and Phone No. of Attorney for Debtor (Defendant)